

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

B [REDACTED], E [REDACTED] (id #12535, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA

Angel R
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-
2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONRAD

7200 STATE HWY161, IRVING, TX
75039
Phone: (972) 443-5300
Fax: (972) 432-0498

Name: E [REDACTED], E [REDACTED]

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Medication List
- Vaccination History

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GOVERNMENT
EXHIBIT
638
4:18-CR-368

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

B [REDACTED], E [REDACTED] (id #12535, dob: [REDACTED])

Facesheet**Demographics**

Patient Name B [REDACTED]

Sex F

DOB [REDACTED]

Address [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Insurance Prescription: OPTUMCOM - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry.
 details
 Prescription: OPTUMCOM - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry.
 details

Height / Weight / BMI / BP

None recorded.

Problems

- Scar - Pt has a pediatrician. Daughter of Weston Black-per father's request to Dr. Conard, Scar Cream sent in to Omni for potential scarring on foot.

Surgical History

None recorded.

Medications

No medications reported

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

| | |
|--------|-------------------------------------|
| Father | - No current problems or disability |
| Mother | - No current problems or disability |

GYN History

None recorded.

Patient History - Other

None recorded.

Past Pregnancies

None recorded.

Obstetric History

None recorded.

Screening

None recorded.

Medication List

No medications reported

Vaccination History

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

BLACK, WESTON (id #32, dob: [REDACTED])

| | | | | |
|---------------------------------------|--------------------------|--------------|----|---|
| Patient [REDACTED] D [REDACTED] | DOB [REDACTED] | | | |
| Home Phone [REDACTED] | Cell Phone [REDACTED] | | | |
| Address [REDACTED] | | | | |
| City Pl. Wm | State TX | Zip 76010 | | |
| Allergies S | Diag. 109.2 | | | |
| Insurance Info | | | | |
| Carrier: <u>Altria</u> | | | | |
| Bin# 9140840054 PCN# | | | | |
| Group # 89715901100002 | | | | |
| Workers Comp | | Yes | No | X |
| DOI | | Claim # | | |

Back & Radicular Pain

BRP-33
 • Clonidine 0.20%
 • Gabapentin 6%
 • Flurbiprofen 10%
 • Bupivacaine HCL 5%
 • Magnesium Chloride 10%
 • Dextromethorphan HBr 10%

BRP-4
 • Gabapentin 6%
 • Clonidine 0.1%
 • Diclofenac 2%
 • Lidocaine 2%
 • Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)**Neuropathic & Chronic Pain**

NCP-55
 • Baclofen 2%
 • Gabapentin 6%
 • Imipramine 3%
 • Nifedipine 2%
 • Bupivacaine HCL 5%
 • Magnesium Chloride 15%
 • Dextromethorphan HBr 5%
 • Flurbiprofen 10%

NCP-88
 • Baclofen 2%
 • Cyclobenzaprine 2%
 • Flurbiprofen 15%
 • Gabapentin 6%
 • Magnesium Chloride 15%
 • Dextromethorphan HBr 5%

(Dispensing Quantity: 300mLs OR Other Quantity _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

NCP-7
 • Flurbiprofen 20%
 • Baclofen 2%
 • Cyclobenzaprine 2%
 • Gabapentin 6%
 • Lidocaine 2.5%

NCP-99
 • Baclofen 2%
 • Cyclobenzaprine 2%
 • Gabapentin 6%
 • Bupivacaine HCL 5%
 • Diclofenac 5%
 • Lidocaine 15%
 • Dextromethorphan HBr 10%

(Dispensing Quantity: 300mLs OR Other Quantity _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)**General Pain / Inflammation**

GPI-2
 • Tramadol 5%
 • Flurbiprofen 20%
 • Cyclobenzaprine 2%
 • Baclofen 2%

OTHER FORMULATION

(Dispensing Quantity: 300mLs OR Other Quantity _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Alternative SIG:

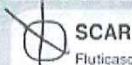
Prescriber Name: Scott Umard
Lic. #: H2314 DEA#: BC1028031 NPI # 1831161546

Address:

Phone #: (972) 292-7158 Fax #: (877) 292-2247

Signature (Note: Manual Signature Required for CS)

Note: Ketamine is Schedule III controlled substance.

Date: 7/18/14**Specialty****SCAR**

Fluticasone Propionate 1%
 Levocetirizine Hydrochloride 2%
 Pentoxifylline 0.5%
 For painful scars add:
 Prilocaine 3%
 Gabapentin 15%

DERM-5: CONTACT DERMATITIS

Fluticasone 1%
 Methylcobalamin 0.07%
 Coenzyme Q10 4%
 Contact Dermatitis with pain add:
 Lidocaine 2%
 Hydroxyzine 2%

DERM-2: TOPICAL ANTI FUNGAL CREAM

Fluticasone 1%
 Fluconazole 2%
 Pentoxifylline 0.5%
 Lidocaine 2%
 Hydroxyzine 2%

DERM-6: PSORIASIS

Fluticasone 1%
 Methylcobalamin 0.07%
 Coenzyme Q10 4%
 Vitamin D3 0.05%
 Tretinoin 0.02%

DERM-3: ANTI FUNGAL NAIL LOTION

Fluticasone 1%
 Fluconazole 2%
 Urea 15%

DERM-7: PLANTAR FASCIITIS

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil Hydrochloride 10%

(Dispensing Quantity: 300mLs OR Other Quantity _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: 5)**Metabolic Supplements****MS-2: GENERAL WELLNESS**

MS-21: Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg
 (SIG: Take 1 capsule by mouth twice daily; Dispense: 60 OR Alternative SIG: _____)

MS-22: Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-AcetylcySTEINE 250mg, Vit D3 1,000IU
 (SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: _____)

MS-3: GENERAL WELLNESS

MS-31: Resveratrol Powder 100mg, Piperine 20mg
 (SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: _____)

MS-32: Hydrocobalamin 20mg, Coenzyme Q10 100mg, Alpha Lipoid Acid 250mg, Vit D3 1,000IU
 (SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: _____)

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

BLACK, WESTON (id #32, dob: [REDACTED])

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

B [REDACTED], M [REDACTED] (id #12536, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA

Angel R
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-
2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONRAD
7200 STATE HWY161, IRVING, TX
75039
Phone: (972) 443-5300
Fax: (972) 432-0498

Name: B [REDACTED], M [REDACTED]

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Medication List
- Vaccination History

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GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

B [REDACTED], M [REDACTED] (id #12536, dob: [REDACTED])

Facesheet**Demographics**

Patient Name B [REDACTED], M [REDACTED]

Sex F

DOB [REDACTED]

Address [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Insurance Prescription: OPTUMCOM - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry.
 details
 Prescription: OPTUMCOM - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry.
 details

Height / Weight / BMI / BP

None recorded.

Problems

- Scar - Daughter of Weston Black-currently followed by pediatrician-Father requested scar cream for both daughters to try due to potential scarring

Surgical History

None recorded.

Medications

No medications reported

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

| | |
|--------|-------------------------------------|
| Father | - No current problems or disability |
| Mother | - No current problems or disability |

GYN History

None recorded.

Patient History - Other

None recorded.

Past Pregnancies

None recorded.

Obstetric History

None recorded.

Screening

None recorded.

Medication List

No medications reported

Vaccination History

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

BLACK, WESTON (id #32, dob: [REDACTED])

| | | | | |
|--------------------------|--------------------------|--------------------|--------------------------|------|
| Patient M [REDACTED] | DOB [REDACTED] | Insurance Info | | |
| Home Phone [REDACTED] | Cell Phone [REDACTED] | Carrier: aetna | | |
| Address [REDACTED] | | Bin# 9140860054 | PCN# | |
| City Pl. Wth | State TX | Zip 75010 | Group # 8471590110002 | |
| Allergies S | Diag. 79.2 | Workers Comp | Yes | No X |
| | | DOI | Claim # | |

Back & Radicular Pain

BRP-33

- Clobadine 0.20%
- Gabapentin 6%
- Flurbiprofen 10%
- Bupivacaine HCL 5%
- Magnesium Chloride 10%
- Dextromethorphan HBr 10%

BRP-4

- Gabapentin 6%
- Clobadine 0.1%
- Diclofenac 2%
- Lidocaine 2%
- Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1 mLs Refills: _____)**Neuropathic & Chronic Pain**

NCP-55

- Baclofen 2%
- Gabapentin 6%
- Imipramine 3%
- Nifedipine 2%
- Bupivacaine HCL 5%
- Magnesium Chloride 15%
- Dextromethorphan HBr 5%
- Flurbiprofen 10%

NCP-88

- Baclofen 2%
- Cyclobenzaprine 2%
- Flurbiprofen 15%
- Gabapentin 6%
- Magnesium Chloride 15%
- Dextromethorphan HBr 5%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1 mLs Refills: _____)

NCP-7

- Flurbiprofen 20%
- Baclofen 2%
- Cyclobenzaprine 2%
- Gabapentin 6%
- Lidocaine 2.5%

NCP-99

- Baclofen 2%
- Cyclobenzaprine 2%
- Gabapentin 6%
- Bupivacaine HCL 5%
- Diclofenac 5%
- Magnesium Chloride 15%
- Dextromethorphan HBr 10%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1 mLs Refills: _____)**General Pain / Inflammation**

GPI-2

- Tramadol 5%
- Flurbiprofen 20%
- Cyclobenzaprine 2%
- Baclofen 2%

OTHER FORMULATION

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1 mLs Refills: _____)

Alternative SIG: _____

Prescriber Name: Scott Caud

Lic. #: H2314

DEA #: BC1028U31

NPI # 1831161546

Address:

Phone #: (972)292-7158

Fax #: (877)292-2247

Signature (Note: Manual Signature Required for CS)

Note: Ketamine is Schedule III controlled substance.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

BLACK, WESTON (id #32, dob:

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING, TX 75039-2003

KENDLE, AARON (id #12539, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA
LAUREN/NURSE
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-
2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONARD MD
6211 W NORTHWEST HWY, DALLAS, TX
75225
Phone: (972) 292-7158
Fax: (877) 292-2247

Name: KENDLE, AARON

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Clinical Documents
- Medication List
- Vaccination History

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GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

KENDLE, AARON (id #12539, dob: [REDACTED])

Facesheet

Demographics

Patient Name KENDLE, AARON

Sex M

DOB [REDACTED]

Address [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Mobile Phone [REDACTED]

Insurance Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Height / Weight / BMI / BP

None recorded.

Problems

None recorded.

Surgical History

None recorded.

Medications

None recorded.

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

None recorded.

Patient History - Other

None recorded.

Screening

None recorded.

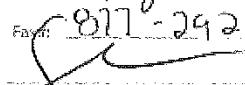
Clinical Documents

GOH MEDICAL PA ~ 200 W. JOHN CARPENTER Fwy, IRVING TX 75039-2003

KENDLE, AARON (id #12539, dob: [REDACTED])

| | | |
|---------------------|----------------------|----------------------------------|
| Patient | DOB | Insurance Info |
| Aaron Kendle | [REDACTED] | Carrier: Tricare |
| Home Phone | Cell Phone | Blin# [REDACTED] PCN# [REDACTED] |
| Address: [REDACTED] | City: Arlington | Group# [REDACTED] |
| Allergies: | State: TX Zip: 76006 | Member ID# 550875729 |
| Diag. | Workers Comp Yes No | Claim# [REDACTED] |
| POI | | |

| | | |
|---|---|---|
| Back & Radicular Pain | Neuroleptic & Chiropractic | Specialty |
| <p><input type="checkbox"/> BRP-3</p> <ul style="list-style-type: none"> Gabapentin 0.5% Clobazam 0.5% Topiramate 1.0% Clonazepam 1.0% Zolpidem 1.0% | <p><input type="checkbox"/> NCP-5</p> <ul style="list-style-type: none"> Baclofen 2% Gabapentin 2% Levetiracetam 2% Tolcapone 2% Holocare 2.5% Midazolam 2.5% | <p><input type="checkbox"/> MGL-1B: MIGRAINE</p> <ul style="list-style-type: none"> Ibuprofen 5% Acetaminophen 2.5% S扑热息痛 2.5% Dihydrocodeine 5% Flecainide 10% Aspirin 0.5% |
| <p><input type="checkbox"/> BRP-4</p> <ul style="list-style-type: none"> Gabapentin 0.5% Clonazepam 0.5% Clobazam 1.0% Levetiracetam 1.0% Perphenazine 1.0% Zolpidem 1.0% | <p><input type="checkbox"/> NCP-7</p> <ul style="list-style-type: none"> Haloperidol 0.5% Trileptal 1% Clobazam 1.0% Gabapentin 1.0% Utegline 1.5% Admitt 2.5% | <p><input type="checkbox"/> SCAR</p> <ul style="list-style-type: none"> Fluconazole 1% Levetiracetam 1.5% Topiramate 0.5% For painful scars, add: Trileptal 5% Gabapentin 0.5% |
| <p>Dispensing Quantity: 1000 units Other Quantity: _____ (\$5.00 Apply 1/2 price per refilled rx 3-4 times/ day, 1 month = 15 days) Refills: _____</p> | <p>Dispensing Quantity: 1000 units Other Quantity: _____ (\$5.00 Apply 1/2 price per refilled rx 3-4 times/ day, 1 month = 15 days) Refills: _____</p> | <p>Dispensing Quantity: 1000 units Other Quantity: _____ (\$5.00 Apply 1/2 price per refilled rx 3-4 times/ day, 1 month = 15 days) Refills: _____</p> |
| General Pain/ Inflammation | NCP-9 | STRETCH MARKS / ELASTICITY |
| <p><input type="checkbox"/> GPI-2</p> <ul style="list-style-type: none"> Butalbital 0.5% Gabapentin 1.0% Butalbital 1.0% Aspirin 1.0% | <p><input type="checkbox"/> NCP-9</p> <ul style="list-style-type: none"> Butalbital 2% Gabapentin 2% Gabapentin 2.5% Utegline 2.5% Ketobutal 3% Add: _____ | <p><input type="checkbox"/> DERM-7: PLANTAR FASCIITIS</p> <ul style="list-style-type: none"> Gabapentin 1.0% Butalbital 1.0% Indometacin 1.0% Utegline 1.0% Verapamil 1.0% |
| <p>Dispensing Quantity: 1000 units Other Quantity: _____ (\$5.00 Apply 1/2 price per refilled rx 3-4 times/ day, 1 month = 15 days) Refills: _____</p> | <p>Dispensing Quantity: 1000 units Other Quantity: _____ (\$5.00 Apply 1/2 price per refilled rx 3-4 times/ day, 1 month = 15 days) Refills: _____</p> | <p>Dispensing Quantity: 1000 units Other Quantity: _____ (\$5.00 Apply 1/2 price per refilled rx 3-4 times/ day, 1 month = 15 days) Refills: _____</p> |
| Other | Hair Restoration | Metabolic Supplements |
| <p><input checked="" type="checkbox"/> Anti-Fungal Cream</p> <p>Fluticasone 1%, Fluconazole 2%, Pentoxifylline .5%, Lidocaine 2%, Hydroxyzine 10% 300 mL Refills: 6 Refills: _____</p> | <p><input type="checkbox"/> Scalp Care - 4 hair solution</p> <ul style="list-style-type: none"> Butalbital 1.0% Aspirin 1.0% Indometacin 1.0% Utegline 0.5% <p>Dispensing Quantity: 120 mL Refills: _____ (\$5.00 Apply 1/2 price per refilled rx 3-4 times/ day, 1 month = 15 days) Refills: _____</p> | <p><input type="checkbox"/> MS-2: GENERAL WELLNESS</p> <ul style="list-style-type: none"> MS-2: Oxydihydronaphthalene 200mg, Pyridoxine HCl 500mg, Zinc 20mg (\$5.00 Apply 1/2 price per refilled rx 3-4 times/ day, 1 month = 15 days) Refills: 1 Refills: _____ MS-2: Trientine 310 mg/g, Melatonin 10 mg/g, Acid 250mg, N-Acetyl Lysine 250mg, V103 1,000mg (\$5.00 Apply 1/2 price per refilled rx 3-4 times/ day, 1 month = 15 days) Refills: 1 Refills: _____ <p><input checked="" type="checkbox"/> MS-3: GENERAL WELLNESS</p> <ul style="list-style-type: none"> MS-3: N-acetylcarnosine 100mg, Fisetin 10mg (\$5.00 Apply 1/2 price per refilled rx 3-4 times/ day, 1 month = 15 days) Refills: 12 Refills: _____ MS-3: L-lysine hydrochloride 100mg, L-arginine 100mg, Niacin 25mg, Vit C 1,000mg (\$5.00 Apply 1/2 price per refilled rx 3-4 times/ day, 1 month = 15 days) Refills: 12 Refills: _____ |

| | |
|--|---|
| Prescriber Name: Scott Conrad | NPIN# 1831161546 |
| Lic.#: H 2314 | DEA#: BC 1028631 |
| Address: 6211 W Northwest Highway, STE C255 Dallas TX 75225 | Phone #: 972-292-7158 Fax #: 972-292-2247 |
| Signature (Note: Manual Signature Required for CSI):  | Date: 10/28/14 |

Medication List

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER Fwy, IRVING TX 75039-2003

KENDLE, AARON (id #12539, dob:

Vaccination History

None recorded.

GOH MEDICAL PA - 200 W. JOHN CARPENTER FWY, IRVING, TX 75039-2003

KENDLE, MINDY (id #12540, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA
LAUREN/NURSE
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-
2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT E CONARD MD
6211 W NW HWY, DALLAS, TX
75225
Phone: (972) 292-7158
Fax: (972) 658-0738

Name: KENDLE, MINDY

DOB: [REDACTED]

Date Range: to 06/14/2018

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- Facesheet
- Clinical Documents
- Medication List
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GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

KENDLE, MINDY (id #12540, dob: [REDACTED])**Facesheet****Demographics**Patient Name **KENDLE, MINDY**Sex **F**

DOB [REDACTED]

Address [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Mobile Phone [REDACTED]

Insurance Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Height / Weight / BMI / BP

None recorded.

Problems

- Scar - C-section scar

Referred by LL, Esthetic consult for facial/possible skinpen for scarring-rescheduled 10/14

Surgical History

None recorded.

Medications

No medications reported

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

Smoking Status: Never smoker

Family History

Father - No current problems or disability

Mother - No current problems or disability

GYN History

None recorded.

Patient History - Other

None recorded.

Past Pregnancies

None recorded.

Obstetric History

None recorded.

Screening

None recorded.

Clinical Documents

GOH MEDICAL PA • 200 W. JOHN CARPENTER Fwy, IRVING TX 75039-2003

KENDLE, MINDY (id #12540, dob: 05/23/1981)

| | | |
|---|---|--|
| Patient Mindy Kendle Home Phone: [REDACTED] Address: [REDACTED] City: Arlington Allergies: [REDACTED] | DOB: [REDACTED] Carrier: Tricare Plan: PCTR Group #: [REDACTED] Member ID #: 55087529 Workers Comp: Yes No DOL: [REDACTED] Claim #: [REDACTED] | Insurance Info |
| Back & Radicular Pain <input checked="" type="checkbox"/> BRP-3 <ul style="list-style-type: none"> - Celesteo 0.2% - Clobetasol 0.1% - Hidrocort 0.05% - Voltaren 2% - Advil <input checked="" type="checkbox"/> BRP-4 <ul style="list-style-type: none"> - Ibutamoren 0.05% - Celesteo 0.1% - Lidocaine 2% - Voltaren 2% - Pentoxifylline 2% - Advil <p>(Prescribing Country: United States) Other Country: [REDACTED] Refills: [REDACTED]</p> | | Neuropathic & Chronic Pain <input checked="" type="checkbox"/> NCP-5 <ul style="list-style-type: none"> - Baclofen 2% - Gabapentin 0.5% - Tramadol 2% - Metformin 2% - Topiramate 2% - Levetiracetam 2.5% - Advil <input checked="" type="checkbox"/> NCP-7 <ul style="list-style-type: none"> - Baclofen 2% - Butorphanol 2% - Cyclobenzaprine 2% - Tramadol 2% - Gabapentin 2% - Lidocaine 2.5% - Advil <input checked="" type="checkbox"/> NCP-9 <ul style="list-style-type: none"> - Baclofen 2% - Cyclobenzaprine 2% - Gabapentin 2% - Tramadol 2% - Butorphanol 2% - Advil <p>(Prescribing Country: United States) Other Country: [REDACTED] Refills: [REDACTED]</p> |
| General Pain/Inflammation <input checked="" type="checkbox"/> GPI-2 <ul style="list-style-type: none"> - Ibuprofen 2% - Cyclobenzaprine 2% - Celesteo 2% - Advil <p>(Prescribing Country: United States) Other Country: [REDACTED] Refills: [REDACTED]</p> | | Specialty <input checked="" type="checkbox"/> DERM-5: CONTACT DERMATITIS / ECZEMA <ul style="list-style-type: none"> - Hydrocort 1% - Methylprednisolone 0.025% - Dexamethasone 0.05% - Triamcinolone 0.05% - Aztreonam 2% - Hydroxyzine 2% <input checked="" type="checkbox"/> DERM-6: PSORIASIS <ul style="list-style-type: none"> - Celesteo 1% - Methylprednisolone 0.025% - Dexamethasone 0.05% - Vitamin E 0.025% - Tretinoin 0.025% <input checked="" type="checkbox"/> DERM-7: PLANTAR FASCIITIS <ul style="list-style-type: none"> - Butorphanol 2% - Butorphanol 2% - Hydrocort 1% - Motrin 2% - Naproxen sodium 2% - Advil <p>(Prescribing Country: United States) Other Country: [REDACTED] Refills: [REDACTED]</p> |
| Other <input checked="" type="checkbox"/> Anti-Fungal Cream <p>Fluticasone 1%, Fluconazole 2%, Pentoxifylline .5%, Lidocaine 2%, Hydroxyzine 10% 300 mL Refills: [REDACTED]</p> | | Hair Restoration <input checked="" type="checkbox"/> Scalp Care - 4 hair solution <ul style="list-style-type: none"> - Hydrocort 1% - Listerine 1% - Menthol 1% - Menthol 1% <p>(Prescribing Country: United States) Other Country: [REDACTED] Refills: [REDACTED]</p> |
| Metabolic Supplements <input checked="" type="checkbox"/> MS-2: GENERAL WELLNESS <ul style="list-style-type: none"> - Vit E Capsule/drink 1000 IU/1000 mg 50000000 Refills: [REDACTED] - Vit D3 10000 IU/1000 mg 50000000 Refills: [REDACTED] - MS-2: Coenzyme Q10 100 mg, Ubiquinol 100 mg, Alpha Lipoic Acid 50 mg, Glutathione 500 mg, Vit E 30000000 Refills: [REDACTED] - MS-2: Coenzyme Q10 100 mg, Ubiquinol 100 mg, Alpha Lipoic Acid 50 mg, Glutathione 500 mg, Vit E 30000000 Refills: [REDACTED] <input checked="" type="checkbox"/> MS-3: GENERAL WELLNESS <ul style="list-style-type: none"> - MS-3: Generalized Powder Vitamix, Puritane 20mg - 100 tablets, 2000 mg each tablet, 1000 mg daily Refills: [REDACTED] - MS-3: Bifidus Probiotic 20mg, Lactobacillus GG 20mg, Alpha Lipoic Acid 50mg, Glutathione 500mg, Vit E 30000000 Refills: [REDACTED] | | |
| Prescriber Name: Scott Conard Lic. # H.2314 DRAW: BC1028631 Address: 6211 W Northwest Highway, Ste C255 Phone #: 972-292-7158 Fax: 877-292-2247 Signature (Note: Manual Signature Required for CSH)  Date: 10/28/14 | | |

Medication List

No medications reported

GOH MEDICAL PA • 200 W. JOHN CARPENTER Fwy, IRVING TX 75039-2003

KENDLE, MINDY (id #12540, dob: [REDACTED]

Vaccination History

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

L [REDACTED], G [REDACTED] (id #12534, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA

Angel R
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-
2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONRAD

7200 STATE HWY161, IRVING, TX
75039
Phone: (972) 443-5300
Fax: (972) 432-0498

Name: L [REDACTED], G [REDACTED]

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Medication List
- Vaccination History

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GOH MEDICAL PA ~ 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

L [REDACTED], G [REDACTED] (id #12534, dob: [REDACTED])

Facesheet

Demographics

Patient Name L [REDACTED], G [REDACTED]

Sex M

DOB [REDACTED]

Address [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Work Phone [REDACTED]

Insurance Prescription: ESI1 - Member is eligible. details

Height / Weight / BMI / BP

None recorded.

Problems

- Scar - Onset: 07/01/2014

Surgical History

None recorded.

Medications

No medications reported

Pt given scar cream for scarring on forehead due to fall-requested by mother to try verbal approval from Dr. Conard-7/20

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

None recorded.

Patient History - Other

None recorded.

Screening

None recorded.

Medication List

No medications reported

Pt given scar cream for scarring on forehead due to fall-requested by mother to try verbal approval from Dr. Conard-7/20

Vaccination History

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

SMITH, EDWARD (id #11621, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA
LAUREN/NURSE
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-
2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONARD MD
6211 W NORTHWEST HWY, DALLAS, TX
75225
Phone: (972) 292-7158
Fax: (877) 292-2247

Name: SMITH, EDWARD

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Clinical Documents
- Medication List
- Vaccination History

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GOH MEDICAL PA - 200 W. JOHN CARPENTER Fwy, IRVING TX 75039-2003

SMITH, EDWARD (id #11621, dob: [REDACTED])

Facesheet

Demographics

Patient Name SMITH, EDWARD

Sex M

DOB [REDACTED]

Address [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Mobile Phone [REDACTED]

Insurance Prescription: check now

Height / Weight / BMI / BP

None recorded.

Problems

None recorded.

Surgical History

None recorded.

Medications

None recorded.

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

None recorded.

Patient History - Other

None recorded.

Screening

None recorded.

Clinical Documents

GOH MEDICAL PA - 200 W. JOHN CARPENTER Fwy, IRVING TX 75039-2003

SMITH, EDWARD (id #11621, dob: [REDACTED])

| | | |
|---------------------|-------------|-------------------------------------|
| Patient | DOB | Insurance Info |
| Edward Smith | [REDACTED] | CARRIER: Tricare |
| Home Phone: | Cell Phone: | BIN# [REDACTED] PCN# [REDACTED] |
| Address: | | Group # |
| City: Round Rock | Zip: 78665 | Member ID # 562420361 |
| Allergies: | | Workers Comp: Yes No |
| Diag.: | | DOI: [REDACTED] Claim #: [REDACTED] |

Back & Radicular Pain**BRP-3**

- Clobetasol 0.05%
- Hydrocortisone 0.5%
- Hydrocortisone 10%
- Triamcinolone 2.5%
- Mometasone

BRP-4

- Clobetasol 0.5%
- Dexamethasone 0.1%
- Betamethasone 2%
- Glucocorticoids 2%
- Fluocinolone 1%
- Mometasone

Dispensing Quantity: about 1/2 oz

Other Quantity: [REDACTED]

PRN Apply 1-2 pumps to affected area 2-4 times daily. 1 pump = 1/4 fl.oz. Refills: [REDACTED]

Anti-Fungal CreamFluticasone 1%, Fluconazole 2%,
Pentoxifylline .5%, Lidocaine 2%,Hydroxyzine 10%
300 mL Refill PRN

Add: [REDACTED]

Dispensing Quantity: about 1/2 oz

Other Quantity: [REDACTED]

PRN Apply 1-2 pumps to affected area 2-4 times daily. 1 pump = 1/4 fl.oz. Refills: [REDACTED]

Other FormulationMS 81
MS 82

Qty 60. Refill PRN

Neuropathic & Gastroenteric Pain**NCP-5**

- Amitriptyline 25%
- Gabapentin 60%
- Imipramine 10%
- Pregabalin 25%
- Topiramate 25%
- Valproate 25%
- Add: [REDACTED]

NCP-7

- Amitriptyline 25%
- Amitriptyline 75%
- Carbamazepine 25%
- Gabapentin 25%
- Neurontin 25%
- Topiramate 25%
- Add: [REDACTED]

NCP-9

- Amitriptyline 25%
- Amitriptyline 75%
- Carbamazepine 25%
- Gabapentin 25%
- Neurontin 25%
- Topiramate 25%
- Add: [REDACTED]

Hair Restoration**Scalp Care - 4 hair solution**

- Minoxidil 1.0%
- Rogaine 2.5%
- Minoxidil 10%
- Trichostatin A 0.1%

Dispensing Quantity: about 1/2 oz
Other Quantity: [REDACTED]
PRN Apply 1-2 pumps to affected area 2-4 times daily. 1 pump = 1/4 fl.oz. Refills: [REDACTED]**Specialty****DERM-5: CONTACT DERMATITIS / ECZEMA**

- Clobetasol 1%
- Hydrocortisone 0.01%
- Cortizone 10%
- Contact Dermatitis with pain, add:
 - Dexamethasone 2%
 - Diphenhydramine 1%

DERM-6: PSORIASIS

- Clobetasol 1%
- Hydrocortisone 0.01%
- Ciclosporin 10%
- Mizoribine 0.05%
- Tacrolimus 0.03%

DERM-7: PLANTAR FASCIITIS

- Celecoxib 5%
- Celecoxib 1%
- Celecoxib 0.5%
- Celecoxib 1%
- Celecoxib 0.5%
- Celecoxib 0.1%

MGL-1B: MIGRAINE

- Ergotamine 1%
- Butalbital 1%
- Caffeine 1%
- Ibuprofen 1%
- Acetaminophen 1%
- Naproxen 1%

SCAR

- Policosanol Propionate 1%
- Ivermectin/Hydrocortisone 1%
- Pentoxifylline 0.5%
- Topical steroid, add:
 - Potassium 1%
 - Gabapentin 10%

STRETCH MARKS / ELASTICITY

- Butyrate 1%
- Levodopa 1%
- Pentoxifylline 0.5%
- Ivermectin 0.5%
- Vitamin E 1%
- Tripterygium Glycoside 0.1%

Metabolic Supplements**MS-2: GENERAL WELLNESS**

- MS-31: Hydroxychloroquine 200mg, Isoniazid 300mg, Rifampin 300mg, Trimethoprim-Sulfamethoxazole 1600mg, Dexamethasone 10mg, Refills: [REDACTED]
- MS-32: Cyclosporine 100-200mg, Mycophenolate 250mg, N-Acetylcysteine 2000mg, Prednisone 10mg, Refills: [REDACTED]

MS-3: GENERAL WELLNESS

- MS-33: Sustained-release Metformin 1000mg, Lantus 100U, Refills: [REDACTED]
- MS-34: Hydroxychloroquine 200mg, Isoniazid 300mg, Rifampin 300mg, Dexamethasone 10mg, Refills: [REDACTED]

Medication List

None recorded.

GOH MEDICAL PA ~ 200 W. JOHN CARPENTER Fwy, IRVING TX 75039-2003

SMITH, EDWARD (id #11621, dob: [REDACTED]

Vaccination History

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

SMITH, JANE (id #11622, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA
LAUREN/NURSE
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-
2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONARD MD
6211 W NORTHWEST HWY, DALLAS, TX
75225
Phone: (972) 292-7158
Fax: (877) 292-2247

Name: SMITH, JANE

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Clinical Documents
- Medication List
- Vaccination History

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GOH MEDICAL PA • 200 W. JOHN CARPENTER Fwy, IRVING, TX 75029-2003

SMITH, JANE (id #11622, dob: [REDACTED])

Facesheet

Demographics

Patient Name SMITH, JANE

Sex F

DOB

Address

City/State/Zip

Home Phone

Mobile Phone

Insurance Prescription: check now

Height / Weight / BMI / BP

None recorded.

Problems

None recorded.

Surgical History

None recorded.

Medications

None recorded.

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

None recorded.

GYN History

None recorded.

Patient History - Other

None recorded.

Past Pregnancies

None recorded.

Obstetric History

None recorded.

Screening

None recorded.

Clinical Documents

GOH MEDICAL PA - 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

SMITH, JANE (id #11622, dob: [REDACTED])

| | | | | |
|--|------------|--|-----------------------|---|
| Patient | | DOB | Insurance Info | |
| Jane Smith | | [REDACTED] | Tricare PCN# | |
| Home Phone | Cell phone | | Carrier: | |
| Address: | | Plan: | Group #: | |
| City: Round Rock | Zip: 78665 | | Member ID #: | 562420361 |
| Allergies: | | | Workers Comp: | Yes No |
| Drugs: | | DOI: | | Claim #: |
| Back & Radicular Pain | | Neuropathic & Gastrointestinal | | Specialty |
| <input type="checkbox"/> BRP-3 • Celecoxib 0.2% • Celecoxib 0.4% • Naproxen 500mg • Motrin 500 • Aspirin | | <input type="checkbox"/> NCP-5 • Celecoxib 250 • Gabapentin 300 • Imipramine 250 • Amitriptyline 250 • Duloxetine 250 • Mirtazapine | | DERM-5: CONTACT DERMATITIS / ECZEMA <input checked="" type="checkbox"/> Therapeutic 1% <input type="checkbox"/> Mometasone 0.01% <input type="checkbox"/> Aztreonam 4% - Rash or Dermatitis with pain, add: <input type="checkbox"/> Erythromycin 250 <input type="checkbox"/> Hydroxyzine 250 |
| <input type="checkbox"/> BRP-4 • Celecoxib 250 • Celecoxib 0.4% • Celecoxib 2% • Celecoxib 1.5% • Celecoxib 0.5% • Aspirin | | <input type="checkbox"/> NCP-7 • Celecoxib 250 • Gabapentin 300 • Clobetasol 0.05% • Duloxetine 250 • Mirtazapine 250 • Amitriptyline 250 • Acetaminophen 500 | | DERM-6: PSORIASIS <input type="checkbox"/> Dexamethasone 1% <input type="checkbox"/> Mometasone 0.01% <input type="checkbox"/> Aztreonam 4% <input type="checkbox"/> Salicylic Acid 10% - Itching |
| Anti-Fungal Cream Fluticasone 1%, Fluconazole 2%, Pentoxyfylline .5%, Lidocaine 2%, Hydroxyzine 10% 300 mL Qty 4 Refill PRN Refills: 3 | | <input type="checkbox"/> NCP-9 • Celecoxib 250 • Clobetasol 0.05% • Duloxetine 250 • Gabapentin 300 • Mirtazapine 250 • Amitriptyline 250 • Acetaminophen 500 | | DERM-7: PLANTAR FASCITIS <input type="checkbox"/> Ibufen 250 <input type="checkbox"/> Ibuprofen 200 <input type="checkbox"/> Ibuprofen 400 <input type="checkbox"/> Ibuprofen 600 <input type="checkbox"/> Ibuprofen 800 - Foot pain |
| Hair Restoration <input type="checkbox"/> Scalp Care - 4 hair solution • Rogaine 15% • Loxodex 1% • Minoxidil 5% • Propecia 1% | | | | MGL-1B: MIGRAINE <input type="checkbox"/> Ipratropium 500 <input type="checkbox"/> Aspirin 250 <input type="checkbox"/> Cyclobenzaprine 100 <input type="checkbox"/> Celecoxib 250 <input type="checkbox"/> Ibuprofen 200 <input type="checkbox"/> Acetaminophen 500 |
| Other Formulation MS-81 MS-82 Qty 40 Refill PRN | | | | SCAR <input checked="" type="checkbox"/> Hydrocortisone 1% <input type="checkbox"/> Diclofenac 0.1% <input type="checkbox"/> Pentoxifylline 300 - Scar tissue, add: <input type="checkbox"/> Trichloroacetic Acid 10% <input type="checkbox"/> Colchicine 150 |
| Metabolic Supplements Prescriber Name: Scott Conard Lic. # H 2314 Address: 6211 W Northwest Hwy Ste C155 Phone #: 972-242-7158 Fax: 877-292-2247 Signature (Please Manual Signature Required for CS) | | | | STRETCH MARKS / ELASTICITY <input type="checkbox"/> Hydrocortisone 1% <input type="checkbox"/> Dexmedetomidine 0.05% <input type="checkbox"/> Pentoxifylline 300 - Stretch marks, add: <input type="checkbox"/> Trichloroacetic Acid 10% <input type="checkbox"/> Colchicine 150 |
| | | | | PRN |
| | | | | 1831161546 |
| | | | | Date: 1/24/15 |

GOH MEDICAL PA ~ 200 W. JOHN CARPENTER Fwy, IRVING TX 75039-2003

SMITH, JANE (id #11622, dob: [REDACTED])

| | | | |
|--------------|------------|-------------|------------|
| Patient | Jane Smith | DOB | |
| Home Phone | [REDACTED] | Cell Phone | [REDACTED] |
| Address | [REDACTED] | City | Round Rock |
| State | TX | Zip | 78665 |
| Allergies | | Group # | |
| Drugs | | Member ID # | 562420361 |
| Workers Comp | | DOI | |
| | | Claim # | |

Back & Radicular Pain**BRP-3**

- ✓ Diclofenac 0.2%
- ✓ Celecoxib 0.1%
- ✓ Naproxen 10%
- ✓ Bosentan 2%
- ✓ Ibotenic acid

BRP-4

- ✓ Gabapentin 1%
- ✓ Citalopram 0.1%
- ✓ Clonazepam 2%
- ✓ Etizolam 2%
- ✓ Prazosin 2%
- ✓ Amitriptyline

Dispensing Quantity: 300 mg Refills:

Other Quantity: 1000 mg Refills:

10% Deposit if prescription refilled more than 3 times daily: 10% Refills:

Refills:

 Anti-Fungal CreamFluticasone 1%, Fluconazole 2%,
Pentoxyfylline .5%, Lidocaine 2%,Hydroxyzine 10%
300 mg Qty: [REDACTED] Refill: PRN

Refills: [REDACTED]

Refills:

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

SMITH, JANE (id #11622, dob: [REDACTED]

Vaccination History

None recorded.

GOH MEDICAL PA - 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

YOUNG, AMBER (id #12537, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA
LAUREN/NURSE
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-
2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONARD MD
6211 W NORTHWEST HWY, DALLAS, TX
75225
Phone: (972) 292-7158
Fax: (877) 292-2247

Name: YOUNG, AMBER

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Clinical Documents
- Medication List
- Vaccination History

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GOH MEDICAL PA - 200 W. JOHN CARPENTER FWY, IRVING TX 75019-2003

YOUNG, AMBER (id #12537, dob: [REDACTED])

Facesheet

Demographics

Patient Name YOUNG, AMBER

Sex F [REDACTED]

DOB [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Mobile Phone [REDACTED]

Insurance Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Height / Weight / BMI / BP

None recorded.

Problems

None recorded.

Surgical History

None recorded.

Medications

None recorded.

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

None recorded.

GYN History

None recorded.

Patient History - Other

None recorded.

Past Pregnancies

None recorded.

Obstetric History

None recorded.

Screening

None recorded.

Clinical Documents

GOH MEDICAL PA • 200 W. JOHN CARPENTER Fwy, IRVING TX 75039-2003

YOUNG, AMBER (id #12537, dob: [REDACTED])

| | | |
|------------------------|------------------------|------------------------|
| Patient | DOB | Insurance Info |
| Amber Young | [REDACTED] | Cancer: <i>TriCare</i> |
| Home Phone: [REDACTED] | Cell Phone: [REDACTED] | Site: PCNA |
| Address: [REDACTED] | | Group: |
| City: Keym | 180980831 | Member ID #: 466991041 |
| Allergies: | | Workers Comp: Yes |
| Disp. | | DDI: No |
| | | Claim #: 4 |

Back & Radicular Pain**BRP-3**

- Celestone 0.2%
- Gabapentin 1%
- Halciprana 1%
- Imitril 2%
- Add: _____

BRP-4

- Gabapentin 1%
- Gabazine 0.1%
- Duloxetin 1%
- Imitril 1%
- Pregabalin 1%
- Add: _____

Dispensing Quantity: 1000s/120s

Other Quantity: _____

Refills: 3 Apply 1-2 patches to affected area 3-4 times daily. Up to 1-3 mts.

General Pain/ Inflammation**GPI-2**

- Halciprana 20%
- Hydrocodone 5%
- Ibuprofen 1%
- Add: _____

Dispensing Quantity: 1000s/120s

Other Quantity: _____

Refills: 3 Apply 1-2 patches to affected area 3-4 times daily. Up to 1-3 mts.

Other Formulation**Anti-Fungal Cream**Fluticasone 1%, Fluconazole 2%,
Pentoxifylline .5%, Lidocaine 2%,

Hydroxyzine 10%

300 mL Refills: 1e

Prescriber Name: Scott Conard

NPI # 1831161546 Lic.# H2314 DEA # BC1028631

Address: 6211 W Northwest Highway, Ste C255

Phone: 972-292-7188 Fax: 877-292-2247

Signature: *Scott Conard*

Date: 11/20/11

(Note: Manual Signature Required for CS)

Neuropathic & Chronic Pain**NCP-5**

- Gabapentin 2%
- Duloxetin 0.5%
- Carbamazepine 1%
- Adipriptene 2%
- Levetiracetam 2.5%
- Add: _____

NCP-7

- Halciprana 20%
- Gabapentin 1%
- Hydrocodone 2%
- Duloxetin 1%
- Imitril 1.5%
- Add: _____

NCP-9

- Halciprana 1%
- Hydrocodone 2%
- Gabapentin 1%
- Duloxetin 1%
- Imitril 1%
- Add: _____

Hair Restoration**Scalp Care - 4 hour solution**

- Halciprana 10%
- Finasteride 2%
- Minoxidil 1%
- Retinol 2%

Dispensing Quantity: 12000s/120s

Other Quantity: _____

Refills: 3 Apply 1-2 patches to scalp 2 times a day. Max 1 oz.

Specialty**DERM-5: CONTACT DERMATITIS / ECZEMA**

- Pimecrolimus 1%
- Methylprednisolone 0.075%
- Cyclosporine 0.1%
- Contact Dermatitis with pain, add:

 - Ulopatrade 1%
 - Mycophenolate 2%

DERM-6: PSORIASIS

- Pimecrolimus 1%
- Methylprednisolone 0.075%
- Cyclosporine 1%
- Tacrolimus 0.03%
- Infliximab 0.625%

DERM-7: PLANTAR FASCHITIS

- Celestone 1%
- Imitril 1%
- Busacaine 1%
- Lidocaine 1%
- Pentoxifylline 1%

Dispensing Quantity: 1000s/120s Other Quantity: _____

Refills: 3 Apply 1-2 patches to affected area 3-4 times daily. Up to 1-3 mts.

MGL-1B: MIGRAINE

- Imitril 1%
- Rizatriptan 2%
- Zolmitriptan 2%
- Levsupratroptan 10%
- Topiramate 0.25%

SCAR

- Duloxetin 200mg/day
- Tramadol 25mg/day
- Pentoxifylline 0.5%
- For painful scars, add:

 - Piroxicam 1%
 - Gabapentin 1%

STRETCH MARKS / ELASTICITY

- Duloxetin 1%
- Tramadol 2%
- Pentoxifylline 0.5%
- Hydrocodone 0.5%
- Vitamin E 0.5%
- Vitamin C 1%
- Pentoxifylline 0.1%

Metabolic Supplements**MS-2: GENERAL WELLNESS**

- US Rx: Methylcobalamin 25mg Pyridoxine 5mg Magnesium 500 mg/day Refills: 12
- Rx: Take 1 capsule by mouth once daily. Refills: 12
- US Rx: Coenzyme Q10 100mg Alpha Lipoic Acid 250mg N-Acetyl Lysine 500mg Refills: 12
- Rx: Take 2 capsules by mouth once daily. Refills: 12

MS-3: GENERAL WELLNESS

- US Rx: Resveratrol 100mg Piperine 20mg Refills: 12
- Rx: Take 2 capsules by mouth once daily. Refills: 12
- US Rx: Hydroxychloroquine 200mg Coenzyme Q10 100mg Alpha Lipoic Acid 250mg Refills: 12
- Rx: Take 2 capsules by mouth once daily. Refills: 12

Medication List

None recorded.

GOH MEDICAL PA ~ 700 W. JOHN CARPENTER Fwy, IRVING TX 75039-2003

YOUNG, AMBER (id #12537, dob: [REDACTED]

Vaccination History

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

YOUNG, MICHAEL (id #12538, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA
LAUREN/NURSE
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-
2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONARD MD
6211 W NORTHWEST HWY, DALLAS, TX
75225
Phone: (972) 292-7158
Fax: (877) 292-2247

Name: YOUNG, MICHAEL

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Clinical Documents
- Medication List
- Vaccination History

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GOH MEDICAL PA - 200 W. JOHN CARPENTER Fwy, IRVING TX 75039-2003

YOUNG, MICHAEL (id #12538, dob: [REDACTED])

Facesheet

Demographics

Patient Name YOUNG, MICHAEL

Sex M

DOB [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Mobile Phone [REDACTED]

Insurance Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Height / Weight / BMI / BP

None recorded.

Problems

None recorded.

Surgical History

None recorded.

Medications

None recorded.

Vaccines

None recorded.

Allergies / Adverse Reactions

None recorded.

Past Medical History

(none recorded)

Social History

None recorded.

Family History

None recorded.

Patient History - Other

None recorded.

Screening

None recorded.

Clinical Documents

GOH MEDICAL PA - 200 W. JOHN CARPENTER Fwy., IRVING TX 75039-2003

YOUNG, MICHAEL (id #12538, dob: [REDACTED])

| | | |
|---|------------------------|---|
| Patient | DOB | Insurance Info |
| <i>Michael Young</i> | [REDACTED] | Career: <i>Ticare</i> PCN# [REDACTED] |
| Home Phone: <i>713-555-1234</i> | Cell phone: [REDACTED] | Blis# [REDACTED] |
| Address: <i>123 Main St, Suite 100, Houston, TX 77001</i> | City: <i>Houston</i> | Group # [REDACTED] |
| State: <i>TX</i> | Zip: <i>77001</i> | Member ID #: <i>466991041</i> |
| Allergies: <i>Peyton</i> | | Workers Comp: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Diag: | | Claim # [REDACTED] |

| | | |
|--|--|---|
| Back & Radicular Pain | Neuropathic & Chronic Pain | Specialty |
| <p><input type="checkbox"/> BRP-3</p> <ul style="list-style-type: none"> - tramadol 0.2% - gabapentin 6% - pramipexole 10% - lidocaine 7% - Add: _____ <p><input type="checkbox"/> BRP-4</p> <ul style="list-style-type: none"> - gabapentin 6% - clonidine 0.1% - duloxetine 2% - lidocaine 1% - pregabalin 2% - Add: _____ <p>Dispensing Quantity: 30 Weeks OR Other Quantity: _____ Refills: _____ 100. Apply 1/2 pumps to affected area 1-4 times daily. 1 pump = 1 mL.</p> | <p><input type="checkbox"/> NCP-5</p> <ul style="list-style-type: none"> - baclofen 2% - gabapentin 6% - duloxetine 3% - lidocaine 2% - liduride 15% - Add: _____ <p><input type="checkbox"/> NCP-7</p> <ul style="list-style-type: none"> - baclofen 2% - gabapentin 2% - lidocaine 6% - liduride 15% - Add: _____ <p><input type="checkbox"/> NCP-9</p> <ul style="list-style-type: none"> - baclofen 1% - gabapentin 2% - gabapentadol 6% - lidocaine 2% - liduride 2% - Add: _____ <p>Dispensing Quantity: 30 Weeks OR Other Quantity: _____ Refills: _____ 100. Apply 1/2 pumps to affected area 1-4 times daily. 1 pump = 1 mL.</p> | <p><input type="checkbox"/> DERM-5: CONTACT DERMATITIS / ECZEMA</p> <ul style="list-style-type: none"> - Baclofen 1% - Metoclopramide 0.03% - Gentamicin 0.1% Contact Dermatitis with pain, add: <ul style="list-style-type: none"> - Ursodeo 2% - Hydroxyzine 2% <p><input type="checkbox"/> DERM-6: PSORIASIS</p> <ul style="list-style-type: none"> - Duloxetina 1% - Methylcobalamin 0.07% - Gentamicin 0.1% - Ursodeo 0.02% - Itraconazole 0.02% <p><input type="checkbox"/> DERM-7: PLANTAR FASCITIS</p> <ul style="list-style-type: none"> - Ondansetron 0.1% - Baclofen 2% - Ursodeo 2% - Duloxetina 2% - Baclofen + Hydroxyzine 10% <p>Dispensing Quantity: 90 Days OR Other Quantity: _____ Refills: _____ 100. Apply 1/2 pumps to affected area 1-4 times daily. 1 pump = 1 mL.</p> |
| General Pain/ Inflammation | SCAR | MGL-1B: MIGRAINE |
| <p><input type="checkbox"/> GPI-2</p> <ul style="list-style-type: none"> - ibuprofen 2% - celecoxib 2% - baclofen 2% - Add: _____ <p>Dispensing Quantity: 30 Weeks OR Other Quantity: _____ Refills: _____ 100. Apply 1/2 pumps to affected area 1-4 times daily. 1 pump = 1 mL.</p> | <p><input checked="" type="checkbox"/> SCAR</p> <ul style="list-style-type: none"> - Duloxetina Propionate 1% - Isoniazide + Methylcobalamin 2% - Ursodeo 0.02% <p>For patients scars, add: <ul style="list-style-type: none"> - Prolamine 1% - Gabapentin 15% </p> | <ul style="list-style-type: none"> - Topiramate 2% - Baclofen 2% - Hydroxyzine 2% - Aperganil 0.2% |
| Other Formulation | STRETCH MARKS / ELASTICITY | Metabolic Supplements |
| <p><input checked="" type="checkbox"/> Anti-Fungal Cream</p> <p>Fluticasone 1%, Fluconazole 2%, Pentoxyfylline .5%, Lidocaine 2%, Hydroxyzine 10% 300 mL Refills <u>6</u></p> | <p>Dispensing Quantity: 10 Weeks OR Other Quantity: _____ Refills: _____ 100. Apply 1/2 pumps to affected area 1-4 times daily. 1 pump = 1 mL.</p> | <p><input type="checkbox"/> MS-2: GENERAL WELLNESS</p> <ul style="list-style-type: none"> - MS-21 Methylcobalamin 20mg, Pyridoxal 3-Hydroxate 70mg, 5-MTHF 1mg 100. Take 1 capsule by mouth once daily. Dispenses 60 Refills: _____ - MS-32 Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcysteine 250mg, VSDF 1,000IU 100. Take 2 capsules by mouth once daily. Dispenses 60 Refills: _____ <p><input checked="" type="checkbox"/> MS-3: GENERAL WELLNESS</p> <ul style="list-style-type: none"> - MS-11 Reversitol Powder 100mg, Ester-C 200mg 100. Take 2 capsules by mouth once daily. Dispenses 60 Refills: <u>12</u> - MS-32 Hydroxyproline 250mg, Coenzyme Q10 100mg, Alpha Lipoic Acid 750mg, VSDF 1,000IU 100. Take 2 capsules by mouth once daily. Dispenses 60 Refills: <u>12</u> |

Prescriber Name: Scott Conard
NPI # 1831161546 Lic.# H2314 DEA # BC1028631
Address: 6211 W Northwest Highway, Ste C255
Phone: 972-292-7158 Fax: 877-292-2247
Signature *[Signature]* Date *11/20/14*
(Note: Manual Signature Required for CS)

Medication List

None recorded.

GOH MEDICAL PA - 200 W. JOHN CARPENTER FWY, IRVING, TX 75039-2003

YOUNG, MICHAEL (id #12538, dob: [REDACTED])

Vaccination History

None recorded.